

Alabama Medicaid Agency Pharmacy and Therapeutics

ALZHEIMER AGENTS

DRUG CLASS

ALZHEIMERS
AGENTS

PREFERRED GENERIC/OTC

All covered products

PREFERRED BRAND

EXELON

NON-PREFERRED BRAND

ARICEPT
NAMENDA
REMINYL

* Denotes generic
available in at least one
dosage form or strength

Drug name denotes all
dosage forms and
strengths unless noted

Alabama Medicaid Agency Pharmacy and Therapeutics

ANTI-DIABETIC AGENTS

<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
ALPHA- GLUCOSIDASE INHIBITORS	All covered products	GLYSET	PRECOSE

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available in at least one
dosage form or strength

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dosage forms and
strengths unless noted

8/25/2004

DRUG CLASS**BIGUANIDES****PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

None

NON-PREFERRED BRANDGLUCOPHAGE*
GLUCOPHAGE XR*
RIOMET

* Denotes generic
available in at least one
dosage form or strength

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dosage forms and
strengths unless noted

8/25/2004

DRUG CLASS

MEGLITINIDES

**PREFERRED
GENERIC/OTC**

NONE

**PREFERRED
BRAND**

STARLIX

NON-PREFERRED BRAND

PRANDIN

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strengths unless noted

8/25/2004

DRUG CLASS**SULFONYLUREAS****PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

NONE

NON-PREFERRED BRANDAMARYL
DIABETA
DIABINESE*
GLUCOTROL*
GLUCOTROL XL*
GLYNASE*
MICRONASE*
TOLINASE*

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8/25/2004

DRUG CLASS**INSULINS****PREFERRED
GENERIC/OTC**

All covered products
including OTC Regular,
NPH, Lente, 70/30,
50/50, and Ultralente
Insulins

**PREFERRED
BRAND**

NONE

NON-PREFERRED BRAND

HUMALOG
HUMALOG MIX 75/25
HUMULIN R (U-500)
LANTUS
NOVOLOG
NOVOLOG MIX 70/30

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strengths unless noted

DRUG CLASS

THIAZOLIDINEDIONES

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

AVANDIA

NON-PREFERRED BRAND

ACTOS

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available in at least one
dosage form or strength

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dosage forms and
strengths unless noted

DRUG CLASS

ANTIDIABETIC COMBO

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

AVANDAMET

NON-PREFERRED BRAND

GLUCOVANCE*
METAGLIP

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available in at least one
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Alabama Medicaid Agency Pharmacy and Therapeutics

<u>DRUG CLASS</u>	<u>SKIN AND MUCOUS MEMBRANE</u> <u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>AGENTS</u> <u>NON-PREFERRED BRAND</u>
ANTIBACTERIALS (SKIN AND MUCOUS MEMBRANE)	All covered products	METROGEL-VAGINAL	BACTROBAN* CENTANY CLEOCIN CORTISPORIN GARAMYCIN*

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8/25/2004

DRUG CLASS

**ANTIVIRALS
(SKIN AND MUCOUS
MEMBRANE)**

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

ZOVIRAX

NON-PREFERRED BRAND

DENAVIR

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DRUG CLASS**ANTIFUNGALS
(SKIN AND MUCOUS
MEMBRANE)**

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dosage forms and
strengths unless noted

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

NONE

NON-PREFERRED BRAND

EXELDERM
GYNAZOLE-1
LAMISIL
LOPROX*
LOTRISONE*
MENTAX
MONISTAT-DERM
MYCELEX*
MYCOLOG II*
MYCOSTATIN*
MYTREX*
NAFTIN
NIZORAL*
NYSTOP*
OXISTAT
PENLAC
SPECTAZOLE*
TERAZOL 3*
TERAZOL 7
VERSICLEAR*

DRUG CLASS

**SCABICIDES AND
PEDICULICIDES
(SKIN AND MUCOUS
MEMBRANE)**

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

EURAX*

NON-PREFERRED BRAND

ELIMITE*
OVIDE

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strengths unless noted

DRUG CLASS

**MISC. LOCAL
ANTI-INFECTIVES
(SKIN AND MUCOUS
MEMBRANE)**

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

NONE

NON-PREFERRED BRAND

AVC
FURACIN*
PHISOHEX
SILVADENE*
SSD AF
SSD*
SULFAMYLON

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DRUG CLASS**ANTI-INFLAMMATORY
AGENTS
(SKIN AND MUCOUS
MEMBRANE)**

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**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

CAPEX SHAMPOO
DERMA-SMOOTH/FS

NON-PREFERRED BRAND

ACLOVATE
ALPHATREX*
ARISTOCORT A*
CETACORT*
CLODERM
CORDRAN
CORDRAN SP
CORDRAN TAPE PATCH
CORMAX*
CUTIVATE*
CYCLOCORT*
DERMATOP
DESOWEN*
DIPROLENE AF*
DIPROLENE*
DIPROSONE*
ELOCON*
HALOG
HYTONE*
KENALOG IN ORABASE*
KENALOG*
LACTICARE-HC*
LIDEX*
LIDEX-E*
LOCOID
LUXIQ
MAXIVATE
NUTRACORT*
OLUX
PANDEL
PSORCON E*
PSORCON*
SYNALAR*
TEMOVATE EMOLLIENT*
TEMOVATE*
TOPICORT*
TRIDESILON*
ULTRAVATE
WESTCORT*

8/25/2004

DRUG CLASS

**ANTIPRUITICS
(SKIN AND MUCOUS
MEMBRANE)**

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

PRUDOXIN

NON-PREFERRED BRAND

ZONALON

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DRUG CLASS

**ASTRINGENTS
(SKIN AND MUCOUS
MEMBRANE)**

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

NONE

NON-PREFERRED BRAND

DRYSOL*
XERAC AC
AMBERDERM*

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strengths unless noted

DRUG CLASS

**KERATOLYTICS
(SKIN AND MUCOUS
MEMBRANE)**

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

NONE

NON-PREFERRED BRAND

CARMOL*
PODOCON-25*
RE UREA*
VANAMIDE*

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strengths unless noted

DRUG CLASS

**KERATOPLASTIC
AGENTS
(SKIN AND MUCOUS
MEMBRANE)**

**PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**

NONE

NON-PREFERRED BRAND

PSORiatec*

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DRUG CLASS**MISC. SKIN AND MUCOUS
MEMBRANE AGENTS****PREFERRED
GENERIC/OTC**

All covered products

**PREFERRED
BRAND**CAPITROL
GRANULEX
XENADERM**NON-PREFERRED BRAND**ALDARA
BALSA-DERM
CARAC
CONDYLOX*
CONSTANT CLENS
DOVONEX
EFUDEX*
ELASE
ELIDEL
FLUOROPLEX
ORAMAGIC RX
PANRETIN
PROTOPIC
RADIAPLEX
REGRANEX
SANTYL
SOLARAZE
TARGRETIN
TAZORAC

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<u>DRUG CLASS</u>	<u>PROTON PUMP PREFERRED GENERIC/OTC</u>	<u>INHIBITORS PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
PROTON PUMP INHIBITORS	All covered products	PREVACID PROTONIX	ACIPHEX NEXIUM PRILOSEC*

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
HMG-COA SINGLE ENTITY		SEE POSTING FOR DECEMBER 10TH 2003 P&T MEETING	CRESTOR#

Not eligible when class reviewed

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<u>DRUG CLASS</u>	<u>PREFERRED GENERIC/OTC</u>	<u>PREFERRED BRAND</u>	<u>NON-PREFERRED BRAND</u>
SINGLE ENTITY DIURETICS		SEE POSTING FOR DECEMBER 10TH 2003 P&T MEETING	INSPRA#

Not eligible when class reviewed

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